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CONFIRMATION NO. 3231

<b>SERIAL NUMBER</b> 10/801,361	<b>FILING OR 371(c) DATE</b> 03/15/2004 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1797	<b>ATTORNEY DOCKET NO.</b> 20174C-001140US
<b>APPLICANTS</b> Stephen R. Quake, San Marino, CA; Hou-Pu Chou, Foster City, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/875,438 06/05/2001 PAT 6,767,706 which is a CIP of 09/724,548 11/28/2000 PAT 7,351,376 which claims benefit of 60/209,243 06/05/2000 and claims benefit of 60/211,309 06/13/2000 and claims benefit of 60/249,360 11/16/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/01/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 92
Examiner's Signature _____ Initials _____				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 20350				
<b>TITLE</b> INTEGRATED ACTIVE FLUX MICROFLUIDIC DEVICES AND METHODS				
<b>FILING FEE RECEIVED</b> 5290	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	